

Pennsylvania Medicare Advantage and Cost Prescription Drug Plans

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Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Aetna Health, Inc.	Aetna Golden Medicare Basic Plan	10%	\$0.00	•					•			•			•	82
	Aetna Golden Medicare Basic Plan	17%	\$0.00	•					•			•			•	82
	Aetna Golden Choice Metro Value Plan	10%	\$31.26		•						•	•			•	82
	Aetna Golden Choice Value Plan	7%	\$31.26		•						•	•			•	82
	Aetna Golden Choice Value Plan	17%	\$31.26		•						•	•			•	82
	Aetna Golden Medicare Metro Standard Plan	10%	\$35.00	•					•			•	•		•	82
	Aetna Golden Medicare Standard Plan	17%	\$35.00	•					•			•	•		•	82
	Aetna Golden Choice Metro Standard Plan	10%	\$41.88		•				•			•	•		•	82
	Aetna Golden Choice Standard Plan	17%	\$41.88		•				•			•	•		•	82
	Aetna Golden Choice Standard Plan	7%	\$41.88		•				•			•	•		•	82
	Aetna Golden Choice Premier Plan	7%	\$57.41		•				•			•	•		•	95
	Aetna Golden Choice Premier Plan	10%	\$57.41		•				•			•	•		•	95
	Aetna Golden Choice Premier Plan	17%	\$57.41		•				•			•	•		•	95
	Aetna Golden Medicare Premier Plan	10%	\$57.41	•					•			•	•		•	95
	Aetna Golden Medicare Premier Plan	17%	\$57.41	•					•			•	•		•	95
AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	10%	\$28.05	•							•					83
AmeriHealth 65	AmeriHealth 65 Complete	14%	\$23.68	•							•					87
Capital Advantage Insurance Company	Plan 1	7%	\$27.01		•					•		•			•	83
	Plan 2	6%	\$27.01		•					•		•			•	83
	Plan 3	4%	\$27.01		•					•		•			•	83
	Plan 4	10%	\$27.01		•					•		•			•	83
Elder Health of PA, Inc.	Elder Health	11%	\$0.00	•					•			•			•	93
	Elder Health	25%	\$0.00	•					•			•			•	93
	Elder Health Select	25%	\$32.59	•							•				•	93
Gateway Health Plan Medicare Assured	Gateway Health Plan Medicare Assured	43%	\$24.58	•					•			•				83

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				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Geisinger Health Plan Gold	GHP Gold Classic Standard Rx	3%	\$23.28	*							*				*	56
	GHP Gold Classic Standard Rx	7%	\$23.28	*							*				*	56
	GHP Gold Classic Standard Rx	1%	\$23.28	*							*				*	56
	GHP Gold Classic Standard Rx	4%	\$23.28	*							*				*	56
	GHP Gold Classic Standard Rx	2%	\$23.28	*							*				*	56
	GHP Gold Classic Standard Rx	0%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	2%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	4%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	1%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	7%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	3%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	2%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	1%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	3%	\$23.28	*							*				*	56
	GHP Gold Select Standard Rx	0%	\$23.28	*							*				*	56
	GHP Gold Classic \$0 Deductible Rx	2%	\$23.68	*					*		*				*	56
	GHP Gold Classic \$0 Deductible Rx	4%	\$23.68	*					*		*				*	56
	GHP Gold Classic \$0 Deductible Rx	0%	\$23.68	*					*		*				*	56
	GHP Gold Classic \$0 Deductible Rx	7%	\$23.68	*					*		*				*	56
	GHP Gold Classic \$0 Deductible Rx	1%	\$23.68	*					*		*				*	56
	GHP Gold Classic \$0 Deductible Rx	3%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	3%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	2%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	1%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	1%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	3%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	2%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	7%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	0%	\$23.68	*					*		*				*	56
	GHP Gold Select \$0 Deductible Rx	4%	\$23.68	*					*		*				*	56
	GHP Gold Classic Enhanced Rx	4%	\$35.66	*					*		*				*	56
	GHP Gold Classic Enhanced Rx	0%	\$35.66	*					*		*				*	56
	GHP Gold Classic Enhanced Rx	2%	\$35.66	*					*		*				*	56
	GHP Gold Classic Enhanced Rx	7%	\$35.66	*					*		*				*	56
	GHP Gold Classic Enhanced Rx	3%	\$35.66	*					*		*				*	56
	GHP Gold Classic Enhanced Rx	1%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	2%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	1%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	2%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	0%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	1%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	3%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	7%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	4%	\$35.66	*					*		*				*	56
	GHP Gold Select Enhanced Rx	3%	\$35.66	*					*		*				*	56

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				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Geisinger Health Plan Gold Choice	GHP Gold Choice Standard Rx	8%	\$23.00				•				•				•	56
	GHP Gold Choice Standard Rx	1%	\$23.00				•				•				•	56
	GHP Gold Choice Standard Rx	0%	\$23.28				•				•				•	56
	GHP Gold Choice Standard Rx	3%	\$23.28				•				•				•	56
	GHP Gold Choice Standard Rx	2%	\$23.28				•				•				•	56
	GHP Gold Choice Standard Rx	1%	\$23.28				•				•				•	56
	GHP Gold Choice Standard Rx	2%	\$23.28				•				•				•	56
	GHP Gold Choice \$0 Deductible Rx	8%	\$23.68				•		•			•			•	56
	GHP Gold Choice \$0 Deductible Rx	2%	\$23.68				•		•			•			•	56
	GHP Gold Choice \$0 Deductible Rx	0%	\$23.68				•		•			•			•	56
	GHP Gold Choice \$0 Deductible Rx	1%	\$23.68				•		•			•			•	56
	GHP Gold Choice \$0 Deductible Rx	1%	\$23.68				•		•			•			•	56
	GHP Gold Choice \$0 Deductible Rx	3%	\$23.68				•		•			•			•	56
	GHP Gold Choice \$0 Deductible Rx	2%	\$23.68				•		•			•			•	56
	GHP Gold Choice Enhanced Rx	2%	\$35.66				•		•			•			•	56
	GHP Gold Choice Enhanced Rx	2%	\$35.66				•		•			•			•	56
	GHP Gold Choice Enhanced Rx	1%	\$35.66				•		•			•			•	56
	GHP Gold Choice Enhanced Rx	0%	\$35.66				•		•			•			•	56
	GHP Gold Choice Enhanced Rx	3%	\$35.66				•		•			•			•	56
	GHP Gold Choice Enhanced Rx	8%	\$35.66				•		•			•			•	56
	GHP Gold Choice Enhanced Rx	1%	\$35.66				•		•			•			•	56
Geisinger Indemnity Insurance Company	GHP Gold Preferred Standard Rx	22%	\$23.28		•						•				•	56
	GHP Gold Preferred \$0 Deductible Rx	22%	\$23.68		•				•			•			•	56
	GHP Gold Preferred Enhanced Rx	22%	\$35.66		•				•			•			•	56
Health Assurance Pennsylvania, Inc.	Advantra PPO Gold	17%	\$21.53		•							•			•	97
	Advantra PPO Gold	7%	\$27.58		•				•			•			•	97
Health Partners	Senior Partners Silver	21%	\$22.63	•					•			•			•	86
	Senior Partners Gold Rx	10%	\$25.00	•							•	•			•	86
HealthAmerica Advantra	Advantra Silver	6%	\$0.00	•					•			•			•	75
	Advantra Silver	11%	\$11.12	•					•			•			•	75
	Advantra Silver	2%	\$11.12	•					•			•			•	75
	Advantra Silver	4%	\$11.12	•					•			•			•	75
	Advantra Silver	7%	\$11.12	•					•			•			•	75
	Advantra	1%	\$16.58	•					•			•			•	75
	Advantra Gold	2%	\$21.53	•					•			•			•	97
	Advantra Gold	11%	\$21.53	•					•			•			•	97
	Advantra Gold	6%	\$21.53	•					•			•			•	97
	Advantra Gold	4%	\$21.53	•					•			•			•	97
Highmark Inc.	FreedomBlue PPO Crawford/Erie/Mercer	4%	\$18.23		•				•			•			•	86
	FreedomBlue PPO Southwestern PA	25%	\$18.23		•				•			•			•	86
	FreedomBlue PPO Standard Central PA	20%	\$18.23		•				•			•			•	86
	FreedomBlue PPO Standard North East PA	5%	\$18.23		•				•			•			•	86
	FreedomBlue PPO West Central PA	6%	\$18.23		•				•			•			•	86
	FreedomBlue PPO Deluxe Central PA	20%	\$37.32		•				•			•			•	86
	FreedomBlue PPO Deluxe North East PA	5%	\$37.32		•				•			•			•	86
Humana Insurance Company	Humana Gold Choice PFFS H1804-091	30%	\$0.00				•		•			•			•	97
	HumanaChoicePPO PPO R5826-029	100%	\$14.42			•					•				•	97
	Humana Gold Choice PFFS H1804-093	70%	\$21.16				•		•			•			•	97
	HumanaChoicePPO PPO R5826-002	100%	\$22.81			•			•			•			•	97
Keystone Health Plan Central, Inc.	Senior Blue 4 - R1	7%	\$27.01	•						•		•			•	83
	Senior Blue 5 - R2	6%	\$27.01	•						•		•			•	83
	Senior Blue 6 - R3	4%	\$27.01	•						•		•			•	83
	Senior Blue 7 - R1	7%	\$27.01	•						•		•			•	83
	Senior Blue 8 - R2	6%	\$27.01	•						•		•			•	83
	Senior Blue 9 - R3	4%	\$27.01	•						•		•			•	83
	SeniorBlue-1	7%	\$27.01	•						•		•			•	83
	SeniorBlue-2	6%	\$27.01	•						•		•			•	83
	SeniorBlue-3	4%	\$27.01	•						•		•			•	83

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Keystone Health Plan West, Inc.	SecurityBlue Standard Bedford/Blair/Somers	2%	\$18.23	•					•			•			•	86
	SecurityBlue Standard Crawford/Erie/Mercer	4%	\$18.23	•					•			•			•	86
	SecurityBlue Standard Southwestern PA	25%	\$18.23	•					•			•			•	86
	SecurityBlue Value RX Bedford/Blair/Somers	2%	\$18.23	•					•			•			•	86
	SecurityBlue Value RX Crawford/Erie/Mercer	4%	\$18.23	•					•			•			•	86
	SecurityBlue Value RX Southwestern PA	25%	\$18.23	•					•			•			•	86
	SecurityBlue Deluxe Southwestern PA	25%	\$37.36	•					•			•	•		•	86
	SecurityBlue Deluxe Crawford/Erie/Mercer	4%	\$37.39	•					•			•	•		•	86
	SecurityBlue Deluxe Bedford/Blair/Somerset	2%	\$37.41	•					•			•	•		•	86
	Personal Choice 65 Standard Rx Option I	28%	\$35.11		•						•				•	93
Personal Choice 65	Personal Choice 65 Value Rx Option I	28%	\$35.11		•						•				•	93
	Personal Choice 65 Standard Rx Option II	28%	\$42.11		•				•			•			•	93
	Personal Choice 65 Value Rx Option II	28%	\$42.11		•				•			•			•	93
	Personal Choice 65 Standard Rx Option III	28%	\$60.11		•				•			•		•	•	93
Sterling Partners - Pennsylvania	Sterling Partners- Pennsylvania	2%	\$39.00				•			•		•			•	94
Unison Advantage	Unison Advantage Choice	48%	\$32.59	•							•	•				93
	Unison Advantage Plus	48%	\$32.59	•							•	•				78
	Unison Advantage Preferred	48%	\$49.16	•							•	•				93
United Healthcare Insurance Company	UnitedHealthcare Medicare Comp Choice Rx	4%	\$0.00		•				•			•			•	96
	UnitedHealthcare Medicare Comp Choice Rx	3%	\$0.00		•				•			•			•	96
	UnitedHealthcare MedicareComp Essential Rx	4%	\$0.00				•		•			•			•	96
	Evercare Plan IP	7%	\$31.24		•				•			•			•	96
UPMC for Life	Evercare Plan P	30%	\$31.24		•				•			•			•	96
	Evercare Plan DP	7%	\$32.59		•				•			•			•	96
	UPMC for Life SNP	31%	\$19.12	•						•		•			•	84
Upmc Health Network	UPMC for Life HMO-D	31%	\$22.00	•						•		•			•	84
	UPMC for Life PPO-D	32%	\$32.00		•					•		•			•	84